4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

considerations, and frequency and type of services to be provided. The plan must be updated as needed to reflect current goals and services.

The crisis intervention team must document which short-term goals were met, and when no further crisis intervention services are required.

3) The crisis intervention team is comprised of at least two mental health professionals, or a combination of at least one mental health professional and one mental health practitioner with the required crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two members, with at least one member providing on-site crisis intervention services when need.

4) If possible, at least two members of the crisis intervention team must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.

5) If crisis intervention services continue into a second calendar day, a mental health professional must contact the client face-to-face on the second day to provide services and update the crisis treatment plan.

6) If the recipient's crisis is stabilized, but the recipient needs a referral for mental health crisis stabilization or other services, the team must provide referrals to these services.

7) If crisis stabilization is necessary, the crisis intervention team must complete the individual treatment plan recommending crisis stabilization. If there is an inpatient or urgent care visit, the plan is completed by staff of the facility.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

C. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

1) Crisis stabilization cannot be provided without first providing crisis intervention.

2) Crisis stabilization is provided by a mental health professional or a mental health practitioner working under the clinical supervision of a mental health professional and for a crisis stabilization services provider. Mental health practitioners must have completed at least 30 hours of training in crisis intervention and stabilization during the past two years.

3) Crisis stabilization may be provided in a recipient's home, another community setting, or a supervised licensed residential program that is not an IMD that provides short-term services if the service is not included in the facility's reimbursement.

4) A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. If clinically appropriate, the recipient must participate in the development of the plan. The plan must be completed within 24 hours of beginning services and developed by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:

a) a list of problems identified in the assessment;

b) a list of the recipient's strengths and resources;

c) concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement of the goals;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

d) specific objectives directed toward the achievement of each goal;

e) documentation of the participants involved in the service planning;

f) planned frequency and type of services initiated;

g) the crisis response action plan should a crisis occur; and

h) clear progress noted on the outcome of the goals.

The services specified in items A through I below are **not** eligible for Medical Assistance payment:

A. Recipient transportation services.

B. Services provided by a nonenrolled Medical Assistance provider.

C. Room and board.

D. Services provided to a recipient admitted to an inpatient hospital.

E. Services provided by volunteers.

F. Direct billing of time spent "on call" when not providing services.

G. Provider service time paid as part of case management services.

H. Outreach services, which are services identifying potentially eligible people in the community, informing potentially eligible of the availability of mental health crisis response service, and assisting potentially eligible people with applying for these services.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

I. A mental health service that is not medically necessary.

~~6~~ 3. **Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility** are limited to:

A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.

B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. It includes testing necessary to make these assessments.

C. Skills development. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities.

It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.

D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or re-establishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;

2. Developed with assistance from recipients' families or legal representatives; and

3. Supervised by a mental health professional.

~~7~~ 4. **Personal care assistant services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA)** and provided by school districts to children during the school day.

- The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the following exceptions:

  A. a personal care assistant does not have to meet the requirements of pages 78-78a and need not be an employee of a personal care provider organization;

  B. assessments, reassessments and service updates are not required;

  C. Department prior authorization is not required;

  D. a physician need not review the IEP;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

E. a personal care assistant provides services under the direction of a qualified professional or a physician, as designated in the IEP;

F. service limits as described in this item do not apply; and

G. PCA Choice is not an option.

- To receive personal care assistant services, the recipient or responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

6.d.A. Other practitioners' services.

Mental health services coverage is limited to those provided by the following mental health professionals within the applicable scope of licensure:

(1) psychiatrist;
(2) licensed psychologist;
(3) licensed psychological practitioner;
(4) licensed independent clinical social worker;
(5) registered nurse with:
    (a) certification as a clinical nurse specialist or nurse practitioner in psychiatric and mental health nursing; or
    (b) a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience; and
(6) licensed marriage and family therapists with at least two years of post-master's supervised experience. Covered Medicaid mental health services do not include marriage counseling.

Mental health services are subject to the same limitations as psychiatric services described under Item 5.a., Physicians' services.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- Mental health behavioral aide services ~~provided as part of family community support services~~ are paid:
  - for Level I MHBAs, the lower of the submitted charge or $4.70 per 15 minute unit;
  - for Level II MHBAs, the lower of the submitted charge of $6.14 per 15 minute unit; or
  - for mental health professional or mental health practitioner direction of MHBAs, the lower of the submitted charge or $6.85 per 15 minute unit.
- Therapeutic components of preschool programs~~provided as family community support services~~ are paid the lower of the submitted charge or $27.50 per one hour unit.
- ~~**Therapeutic components of therapeutic camp programs**provided as family community support services are paid the lower of the submitted charge or $4.83 per 15 minute unit.~~

- **Crisis response services are paid as follows:**
  - Crisis assessment, intervention and crisis stabilization services ~~provided as part of family community support services~~ are paid:
    - for doctoral prepared mental health professionals, the lower of the submitted charge or $87.00 per 60 minute unit;
    - for master's prepared mental health professionals, the lower of the submitted charge or $69.60 per 60 minute unit; or
    - for mental health practitioners supervised by mental health professionals, the lower of the submitted charge or $60.46 (effective February 18, 2004) per 60 minute unit (effective January 1, 2004)
  - IHS/638 facility providers of**crisis response services** are paid according to the encounter rate specified on page 1 of this Attachment for each face-to-face encounter.

4.b. Early and periodic screening, diagnosis, and treatment services:

EPSDT (in Minnesota, Child & Teen Checkup) services are paid the lower of the submitted charge or the 75th percentile of all screening charges submitted by providers of the service during the previous 12-month period of July 1 to June 30. The adjustment necessary to reflect the 75th percentile is effective annually on October 1.

~~Effective for mental health rehabilitative services provided on or after July 1, 2001, payment is the lower of the submitted charge or 75.6% of the 50th percentile of 1999 charges.~~

Effective January 1, 2002, provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside of the provider's normal place of business. This does not include travel time included in other billable services.

- IHS/638 facility providers of **children's therapeutic services and supports** are paid according to the encounter rate specified on page 1 of this Attachment for each face-to-face encounter.

- With the exceptions listed below, **children's therapeutic services and supports** not provided by IHS/638 facilities is paid the lower of the submitted charge or 75.6% of the 50 th percentile of 1999 charges.

  ~~Effective January 1, 2002, provider travel time is covered if a recipient's individual treatment plan requires the provision of psychotherapy services outside of the provider's normal place of business.~~

  - Effective for individual skills training services provided on or after February 18, 2004, payment is the lower of the submitted charge or $12.03 per 15 minute unit.

  - Effective for crisis assistance services provided on or after February 18, 2004, payment is the lower of the submitted charge or $13.13 per 15 minute unit.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- **Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility** is based on the daily rate negotiated by the county. The county will pay the residential facility the full negotiated rate and certify to the Department that the rate paid represents expenditures eligible for the matching Federal medical assistance percentage. The county is responsible for the nonfederal share.

  The Department, using the rate methodology below, determines the medical assistance percentage of the per day negotiated rate and submits a claim to HCFA. The Department returns to the county the Federal medical assistance percentage.

  Rate Methodology

  The negotiated daily rate paid to a children's residential treatment facility is the same for medical assistance-eligible and non medical assistance-eligible individuals.

  Beginning July 1, 2000, the allowable medical assistance daily rate is determined using a statistically valid random day log time study containing various activity categories and an annual facility cost report.

  The time study of facility staff determines the percent of time spent by direct service staff on various specific activity categories constituting allowable and unallowable rehabilitative activities.

  The annual cost report from each facility provides a breakdown of facility costs into the same activity categories utilized in the time study and a breakdown of allowable and unallowable medical assistance costs. The results of the time study determine the amount of salary and fringe benefit costs for direct service staff that are charged to each activity category. Direct costs are those costs attributable to a specific activity and, therefore, are charged directly to that time study activity category. Salary, fringe and direct costs are totaled for each category and then indirect costs are allocated to each category based on the proportion of each category to the total of all facility costs. The proportion of allowable medical assistance costs to total facility costs establishes the percentage of the daily rate eligible for medical assistance payment.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Rate Formula:

The medical assistance payment is the computed medical assistance percentage of the daily rate multiplied by the total facility daily rate.

All of the following conditions must be met in order for a claim to be made:

(1) residents must be eligible for medical assistance
(2) residents received rehabilitative services that day
(3) all documentation requirements are met

A residential facility's daily medical assistance rate will be reviewed and updated quarterly for changes in the negotiated rate and annually for changes in time study or cost data.

- **Personal care** **assistant** ~~**IFSP/IEP**~~ **services** identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA) and provided by school districts during the school day to children with IFSPs/IEPs are paid pursuant to the methodology in item 13.d., Rehabilitative services.

  Other EPSDT providers are paid in accordance with the methodology set forth elsewhere in this Attachment for the provider type enrolled to provide the service.